Colchester Public Schools
Application for Approval of Field Trip

Overview: This form must be completed by all staff to request approval of a field trip.

Directions:

1. Complete the form attaching all applicable documentation and submit to your administrator. The application must be submitted **at least two weeks prior for in-state** field trips, and **two weeks and two months prior for out-of-state** trips.
2. The Administrator will recommend or not recommend. If approved, the form must be sent to the Superintendent.
3. The Superintendent will either recommend or not recommend and will bring to the Board of Education if the request is for an out-of-state field trip.
4. If applicable, the Board of Education reviews and makes the final decision.

Today's Date: 6/12/23

Field Trip Information

Applicant Name: Lynn Goodwin	**Method of Transportation:** Coach bus
School: WJJMS	**Bus Service Number(s)** *(if applicable)*: N/A
Grade(s) and Group(s): 8th Grade band/Chorus	**Number of Students:** 50
Date(s) of Trip: April 17, 2024	**Number of Day(s) of Trip:** 1
Event: Broadway show & lunch in NYC	
Destination: New York	**Phone Number:** 1-860-877-7806
Address (for each destination): 214 W 42nd St. NewYork, NY	**State:** NY
Time of Departure From School: 7 Am **Time of Arrival Back at School:** 9 pm	**Special Clothing and/or Equipment Required:** N/A

Student Cost Information

***Cost to Student:** $ 169.00	**Suggested Student Pocket Money:** $ 10.00

Supervision Information (List names of all employees, other chaperones, and cell phone number for each)

1. **Name:** Lynn Goodwin	**Cell Phone:** [redacted]
2. **Name:** Keith Morrissette	**Cell Phone:** [redacted]

List all adult chaperones: Ratio of adult chaperones to students must be at least: 1:5 for Grades K-2, 1:8 for Grades 3-5; 1:10 for Grades 6-8; and 1:15 for Grades 9-12 (one-day trips) or 1:10 (overnight trips)

Stacy Ewings, Keith Morrissette, Lynn Goodwin, Bonnie McAneny, Kim Lewis

Administrator Signatures

Applicant Signature Lynn Goodwin

Administrator's Signature ☑ Recommended ☐ Not Recommended

Superintendent's Signature ☑ Recommended ☐ Not Recommended

Board of Education (if applicable)

Board of Education Meeting Date:	☐ Recommended ☐ Not Recommended

Bus Information

Bus Reservation Date:	**Price of Bus(es): $**

*If a trip to a foreign country, please complete and attached the CIRMA insurance application and notify parents of coverage

Field Trip Instructional Plan

Colchester Public Schools

Field Trip Location(s): Broadway. 214 W. 42nd St. New York, NY

Reference Check: Visited site on: _____ *or* Spoke with: Josh Doyon

Name: Lynn Goodwin (Teacher(s) completing this form) **Grade/Group:** 8th Band/Chorus

Instructional Focus of Trip

- **This field trip is directly related to curriculum** ☑ Yes ☐ No
- **Curriculum Unit(s):** Unit 13 Concert Exerperiences
- **Specific Curriculum Standards Addressed by Field Trip** (please refer to CT Core and disciplinary standards): PR4.1.E.51, Pr4.2.E.8a
- **Assessment of Student Learning** (describe or attach the work students will complete upon their return to convey the learning): We will be performing works from the musical Alladin.

Trip Agenda/Activities: List/attach entire break out of times for each day. Include travel time and all activities. Attach additional sheet if needed.

DATE/TIME	LOCATION	ACTIVITY
4/17/24 7AM	WJJMS	Depart for NY
11 AM	Hard Rock Cafe	Have lunch
2pm	214 W. 42nd St.	See Alladin
5pm	outside theater	drive home

Approvals:

Lynn Goodwin — Department Chair (High School Only) — 10/3/23 — Date — ☑ Approved ☐ Denied

[signature] — Principal — 10/3/23 — Date — ☑ Approved ☐ Denied

_____ — Assistant Superintendent — _____ — Date — ☐ Approved ☐ Denied

Field Trip Cost Form

Date(s) of Trip:

Event:

M&J Bus(es) ONLY

Number of Students:

Estimated Hours for trip:
(Add 1 hour pre/post trip)

Number of Buses:

Per Student Calculations:

	M&J Bus(es) ONLY	Coach Bus(es) ONLY
Admission per student:		
Miscellaneous Fees per student:		
Total admission and miscellaneous fees:		
Cost of Bus	_____	_____
Total Field Trip ***Cost per Student:**	_____	_____

Additional Costs:

Number of Substitute Teachers	_____
Rate per Day	
Special Education costs	n/a
Cost Associated if Nursing Required	n/a
Total ***Cost to District:**	_____
Total ***Cost of Trip:**	_____

Alternate funding for trip provided by: Music Activity Fund

***Insert these costs on the accompanying Field Trip Application**

Form updated 5.27.21